

In the United States Patent and Trademark Office

Serial Number: _____

Appn. Filed: July 2, 2003

Applicant(s): DALLAS L CLOUATRE

Appn. Title: (-) Hydroxyphenyl Acid for Controlling Inflammation

Examiner/GAU: _____

Mailed: July 2, 2003

At: Santa Monica, CA

Information Disclosure Statement

Assistant Commissioner for Patents
Washington, District of Columbia 20231

Sir:

Attached is a completed Form PTO-1449 and copies of the pertinent parts of the references cited thereon. Following are comments on any non-English-language references pursuant to Rule 98:

Very respectfully,

Applicant(s): Dallas L Clouatre

Enc.: PTO-1449 & References

c/o: DALLAS L CLOUATRE

1247 LINCOLN BLVD #112

SANTA MONICA, CA 90401

Telephone: 310 / 656 - 0474

Certificate of Mailing

I certify that this correspondence will be deposited with the United States Postal Service as Express first-class mail with proper postage affixed in an envelope addressed to: "Assistant Commissioner for Patents, Washington, DC 20231" on the date below.

Date: 200 3 July 2

LIST OF PRIOR ART CITED BY APPLICANT

Sheet 2 of 3

Dallas L. Clouatre

(-)-HYDROXYCITRIC ACID FOR CONTROLLING INFLAMMATION

July 2, 2003

OTHER PRIOR ART

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LIST OF PRIOR ART CITED BY APPLICANT

Sheet 3 of 3

Dallas L. Clouatre

(-)-HYDROXYCITRIC ACID FOR CONTROLLING INFLAMMATION

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FORM PTO-1449 (Substitute)				ATTY. DOCKET NO.		SERIAL NO.	
LIST OF PRIOR ART CITED BY APPLICANT <i>(Use several sheets if necessary)</i>				APPLICANT CLOUATRE			
				FILING DATE July 2, 2003		GROUP	
U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
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	AL	WO 02/078616	10/2002	Ohia, et al.			
	AM	WO 02/14477	02/2002	Majeed, et al.			
	AN						
	AO						
	AP						
OTHER PRIOR ART <i>(Including Author, Title, Date, Pertinent Pages, Etc.)</i>							
	AR	SEE ATTACHED SHEETS					
	AS						
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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.							